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MARGIN RESERVED FOR BINDING
This supplemental report is to be pasted
beneath the original

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.* 52

Place of Birth Eslobo
(Registration district)

No. _____

SEX OF CHILD* Male Twin* Triplet or other? _____ and Number* in order of birth _____

I HEREBY CERTIFY that the child described hereon
has been named

DATE OF BIRTH* March 1 1916
(Month) (Day) (Year)

Edgar Carl Jones
(Give name in full) (Surname)

FULL NAME Clarence E. Jones
FATHER

[Signature] C. E. Jones

FULL MAIDEN NAME Lula B. Jones
MOTHER

C. J. Sturges
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate
tenth day of following month.

512-301-322